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Approved For Release 2001/08/31 : CIA-RDP78-05343A000200060002-8

20 December 1974

MEMORANDUM FOR THE RECORD

SUBJECT: Minutes of the 16 December 1974 Meeting Concerning  
Contents of the OMS Medical Records Patient Files

1. The following information comprises the minutes of the meeting of 16 December 1974 convened by the Director of Medical Services to discuss the contents of the OMS medical records patient files. The Deputy Director of the Medical Staff opened the discussion by referring to the Freedom of Information Act. He indicated that even though the files are exempt under this Act they can be subpoenaed. He commented that our files are a combination of administrative information, i.e., cables, board proceedings, PEB minutes, et cetera and then clinical information.



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SUBJECT TO GENERAL DECLASSIFICATION SCHEDULE  
OF E. O. 11652, AUTOMATICALLY DOWNGRADED AT  
TWO YEAR INTERVALS AND DECLASSIFIED ON

31 December 1980

(Insert date of event)

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3. The DD/MS stated in light of the foregoing experience, it is appropriate to think about what we are placing in our medical files. Our files in general tend to be well documented because of our training, it's good for the patient and it helps to protect our physicians. [REDACTED] raised the questions whether there should be administrative information in the medical file, whether there should be separate files for administrative information and for medical information or whether those two groups of information should be separated from each other in the same file. The Chief of the Psychiatric Staff wondered if separating the two types of information might make it easier for individuals outside of OMS to obtain access to the administrative information.

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4. [REDACTED] indicated the Civil Service Commission in their medical disability retirement cases makes the file available to the employee on the basis of a prudent physician rule. The Chief of the Clinical Division then asked the MSDO if the Council of Federal Medical Directors had established any policy concerning the access and availability of medical records to employees in Federal agencies. MSDO reported that the Council did not have an official position on the availability of medical records, but that there had been discussion on this subject circa the spring meeting of the Council in 1974. At this meeting Dr. Gordon Siegel of the Federal Employee Health Services reported they released medical records only under the following three circumstances: (1) court subpoena, (2) the request from a private physician with a signed consent from the patient for release of information to this physician and (3) Bureau of Employee Compensation cases. Dr. Nydell indicated at State Department they followed the rule of the prudent physician. [REDACTED] indicated that the CSC at that time followed the rules as outlined by Dr. Siegel for general employee access to medical records.

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5. A question was raised about who was entitled to have access to the medical records. Concerning the patient's right to the medical record, the Chief of the Clinical Division offered that from his past experience the patient is entitled to the data in the record but not the medical record itself.

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6. A question was raised whether an individual needs to be advised about the adverse information concerning himself if such exists. D/MS cited a case in court where the court decided that an examining facility should advise an examinee of their findings particularly if there is potential threat to the individual's health.

7. DD/MS indicated from previous discussion with the Legal Council it was their view that medical records can be subpoenaed. Chief of Clinical Division stated that he felt that the record would probably not be given, but that information would be provided on the basis of an M.D.'s interpretation of the data in the medical record.

8. Deputy Chief of the Support Division reported that when they were looking at the microfilming feasibility for the medical record file room; they consulted the Legal Council concerning the legal requirements for retention of medical records. It was determined at that time employee records should be retained for 75 years from the date of birth. It was, likewise, determined the dependent medical files should be kept for the same period of time the employee medical file was retained. It was further indicated by the Legal Council that once an item is placed in the medical record it then becomes part of that record.

9. Next, the question was raised whether OMS has definitive criteria concerning what should be contained in medical records. D/MS indicated there were not definitive criteria for establishing the contents of the medical records because it has been felt over the years there needed to be some flexibility in what was placed in our medical records in that the staff would determine what is placed in the files to satisfy its needs. DC/SD reported that in the past it has been office policy that whether something was necessary to be retained in the file was to be determined by a physician in a review of that medical record. The Deputy Chief, Support Division simply wondered whether there might be some need or desirability in modification of this position.

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10. D/MS then summarized with the following comments:  
(1) he stated a reaffirmation of the existing policies and procedures.

- (a) medical records will remain in the custody of OMS.
  - (b) clinical records will be released only as in the past which has followed guidelines consistent with good professional ethics and courtesy.
  - (c) each case would be handled on the basis of its individual merits.
- (2) Deputy Director of Medical Services was requested to obtain information to provide clarification of who is entitled to have access to medical information.

- (a) there should be some resolution of the conflicting views of whether the actual medical record or just the data from the medical record is available upon subpoena by a court.
- (b) the above should take into consideration the provisions of the Freedom for Information Act.

(3) The C/SPD and C/PS are to review OMS procedures of notification of applicants and dependents regarding potential medical problems to determine if they are appropriate or require modification.

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(4) [REDACTED] was requested to conduct a random sampling of our files to determine the appropriateness of what we are currently putting in the files.

11. It was then determined as the last item that we would meet again at 11 a.m. on Monday, January 6. This time has since been changed by the D/MS secretary to a new time of 9 a.m. Monday, 6 January.

Signed

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[REDACTED]  
Medical Systems Development Officer  
Office of Medical Services

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OMS/MSDO: [REDACTED]:clp

Distribution:

- 1 - D/MS
- 1 - DD/MS
- 1 - C/CD
- 1 - C/PS
- 1 - C/SPD
- 1 - DC/SD
- 1 - [REDACTED]
- 1 - C/SD
- 2 - MSDO
- 2 - D/MS Files

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